PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Doctor Number		
014110 10 711 71 71 71											
Ŀ	CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
L	FOR		MUMBER FILED		HUMBER EXTRA		RATE	FEE]	RATE	FEE
G	ASIC FEE 7 CFR 1.16(a))							1.	OR		,
	OTAL CLAIMS 7 CFR 1.16(c))		minu	20 = -			X \$=		OR	X : =	
13	DEPENDENT CL CFR 1.16(b))	AINS	otour	3 2			X	 	1		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d))							 	- OR	X \$=	
							+1 =		OR	+3=	
Ι.	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	L	OR	TOTAL	L
CLAIMS AS AMENDED - PART II											
	holes	(Column 1)		(Column		n 3)	SMALL	ENTITY	OR		R THAN ENTITY
Į ¥		CLAIMS REMAINING	i	HIGHEST NUMBER	PRESE		RATE	ADD1-]	RATE	ADDI-
ENDMENT		AFTER AMENDMEN		PREVIOUS PAID FOR			<u> </u>	TIONAL FEE			TIONAL FEE
₫	Total profession	10	Minus	70	2	\Box	X 5 =		OR	x s=	
Æ	Independent (37 CFR 1,15(b))	1. 1	Minus	<u>" 3</u>			x s=		OR	x 3 =	
Ā	FIRST PRESEN	ITATION OF MULTI	PLE DEPEN	DEIIT CLABA (37	CFR 1 1660		+, =		OR	+1 =	1
	•						TOTAL ADO'L FEE		OR	TOTAL	-1
		(Column 1)		(Cotumn 2) (C-)	\	, worres 1) OR	ADD'L FEE	
MENDMENT B	127/	CLAMS	7	HIGHEST	(Column	" 」		<u> </u>			
	113314	REMAINING	1	NUMBER	PRESEN		RATE	ADDI-		RATE	-100A
		AFTER AMENDMENT	i	PREVIOUSL PAID FOR	Y EXTRA	,	1]	TIONAL PEE			TIONAL FEE
	Total (37 CFR 1,16(c))	6	Minus	90	=	7	x 3 =		√o R	x s =	
	independent Q7 CFR 1,16(b)	1	Minus	" 3	3	7	x s =	· ·	OR		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLANA (37 CFR 1.16(d))						+:		OR	7	
							TOTAL			TOTAL	$\overline{}$
					•		ADO'L FEE		OR	ADD'L FEE	-
		(Column 1)		(Column 2)	(Column 3	3)					·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	İ	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	۲	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Tolai 07 CFR 1,16(c)	•	Minus	••	•	7	X 5 =		OR		- rec
	Independent (A7 CFR 1,16(b))	• '	Minus	•••	=	7	X 3 =	——————————————————————————————————————		X \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))						+,=		· · ·		
					TOTAL			TOTAL	——		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
ure regness number Préviously Paid For In THIS SPACE is less than 20, enter "20". "", if the "fighest Number Previously Paid For In THIS SPACE is less than 20, enter "20". "", if the "fighest Number Previously Paid For In THIS SPACE is less than 20, enter "20".											
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1											

The Tighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to corruptete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.